



ARIZONA DEPARTMENT OF PUBLIC SAFETY
STUDENT TRANSPORTATION

Mail Drop No. 1250 ■ P. O. Box 6638

Phoenix, AZ 85005-6638

Phone: 602-223-2646 ■ FAX: 602-223-2923

SCHOOL BUS DRIVER COVER SHEET

INSTRUCTIONS: This MUST be completed in full and submitted by employer.

Please check one of the following:

☒ **NEW DRIVER APPLICANT**

☐ **CERTIFIED DRIVER**

☐ **TRANSFER**

(effective date) _____

☐ **REHIRE**

(effective date) _____

DRIVER or APPLICANT NAME Sylvester Quincy Driver

Print full name as it appears on driver's license

DISTRICT/EMPLOYER Prickly Pear Unified

DISTRICT/EMPLOYER NUMBER #77

TRANSPORTATION DEPT. PHONE NO. 123-456-7890

CONTACT PERSON Joe Director

COUNTY Maricopa

SCHOOL BUS DRIVER NUMBER _____

(if applicable)